

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/913494

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51						
2			/	/			52						
3			/	/			53						
4			/	/			54						
5			/	/			55						
6			/	/			56						
7			/	/			57						
8			/	/			58						
9			/	/			59						
10			/	/			60						
11			/	/			61						
12			/	/			62						
13			/	/			63						
14			/	/			64						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			3				TOTAL IND.						
TOTAL DEP.			14				TOTAL DEP.						
TOTAL CLAIMS			17				TOTAL CLAIMS						